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(Requestor's Name)

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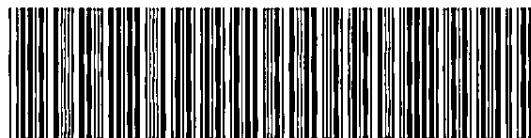
(Business Entity Name)

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DATE: 12/14/22

NAME: TOM SCHEERER DESIGN, INC.

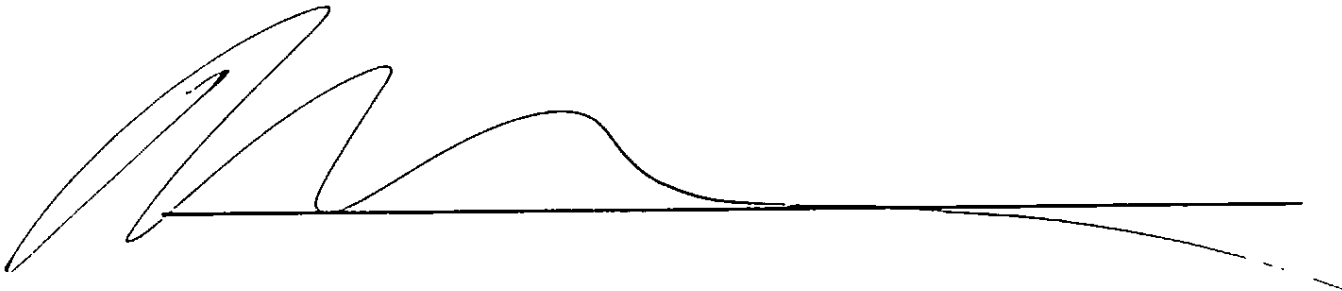
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AUTHORIZATION: ABBIE/PAUL HODGE



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Tom Scheerer Design, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
1200 South Flager Dr, # 803
West Palm Beach, Fl 33401

Mailing address, if different is:
1200 South Flager Dr, # 803
West Palm Beach, Fl 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Interior Designer

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tom Scheerer - Director

Name and Title: _____

Address 1200 South Flager Dr, # 803
West Palm Beach, Fl 33401

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title _____

Name and Title _____

Address _____

Address _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Registered Agent Solutions Inc

Address: 155 Office Plaza Dr, Suite A

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tom Scheerer

Address: 1200 South Flager Dr, # 803

West Palm Beach, FL 33401

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Asst Secretary, Jose Mojica

Jose Mojica

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date

12/13/11